PLACE OF DEATH A. COUNTY	PACE OF BEATH A COUNTY A CO	T WRITE	•	AM"	ENDED		Registration District No	STATE FILE N	NUMBER
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3. MAME OF DECTASED First Robert B Middle (Type or print) (Page or print) (Pag	3. NAME OF DECRASED First Robert R Smith Last 4. DATE Month 128/63 Day Year Month (Pype or print) Robert R Smith Last 4. DATE Month 128/63 Day Year Month (Pype or print) Robert R Smith 128/26/08 Smith 128/63 Diversed R 8/26/08 Smith 128/63 Diversed R 8/26/08 Smith 128/63 Diversed R 8/26/08 Smith Robert R 8/26/08 Smith R 8/26/08 Sm	2 7 1	6	ξ ,			INSTITUTION Vets Administration Hosp Yes & No 105h Cook A	ve	Yes □ No
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The state of the s	The conditions of ward from the country 10		'						
100	during most of working life, even if retired) Carpenter's Union Jackson, Tenn 13s. RATHER'S NAME John Smith 15. WAS DECEASE EVER IN U.S. ARMED FORCES? [Yes, no, or unknown] (if yes, give war or dates of serving the WTI 18. CAUSE OF DEATH (Enter only one cause per lime to to (a), (b), end (c). IMMEDIATE CAUSE (b) IMMEDIATE CAUSE (c) CEREBRAL ATROPHY Conditions, if any, which gave rise to stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART II. (b). PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART II. (b). PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal makes a prepancy in last 90 per condition given in PART II. (b). PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal makes a prepancy in last 90 per condition given in PART II. (c) in the condition given in PART II. (c) in the cause of the caused was female makes a prepancy in last 90 per condition given in PART II. (c) in the caused was female makes a prepancy in last 90 per condition given in PART II. (c) in the caused was female makes a prepancy in last 90 per condition given in PART II. (c) in the caused was female makes a prepancy in last 90 per condition given in PART II. (c) in the caused was female proper condition given in PART II. (c) in the caused was female was condition given in PART II. (c) in the caused was female proper condition given in PART II. (c) in the caused was female proper condition given in PART II. (c) in the caused was female proper condition given in PART II. (c) in the caused was female proper condition given in PART II. (c) in the caused was female proper condition given in PART II. (c) in the caused was female proper condition given in PART II. (c) in the caused was female proper condition given in PART II. (c) in the caused was female proper		1	Ι,		1			
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MD VAH, St Louis, Mo. 23a. Burial, CREMATION, 128b. DATE 23c. NAME: OF CEMETERY OF CREMATORY 23d. LOCATION (City, town, of county)	MD VAH, St Louis, Mo. 23a. BURIAL, CREMATION, Pab. DATE REMOVAL (Specify) Removal 3/4 FUNERAL DIRECTOR ADDRESS MD VAH, St Louis, Mo. 4/29/C 23d. LOCATION (City, town, or county) State 1/29/C 23d. LOCATION (City, town, or county) 1/24 FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	<u>ا</u> يَجْ	١ ا	킧.		ř			22c. DATE S
23a. BURIAL, CREMATION, 23b. DATE PREMOVAL (Specify) 73c. NAME: OF CEMETERY OR CREMATORY REMOVAL (Specify) 73d. LOCATION (City, town, or county) Removal Removal 126f Brson Barracks	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) Removal (Specify) Removal 5/3/63 National Cemetery Jefferson Barracks Mo. 24d FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	- 1	, }	է .			MD VAH, St Louis, Mo		
			1 ⊢		++	- ₹	238. BURIAL, CREMATION, 1936. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (C	City, town, or county)	
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STÅTEMENT BY LICENSED EMBALMER

	I hereby certify that the body whose name is	recorded on the reverse side of this certificate was embalmed by me,
or by		, Student Embalmer No
	ng under my personal supervision.	
Studer	Signature of Student Embalmer	Signed Oliver & Oranble
	·	13 5185

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply

with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, He also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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